

576-6000  
0122

State of Connecticut

Department of Public Safety / Division of State Police

State Police Troop: GCase Number: DPS-05-047506

Notations:

Traffic: HWeather: CLane    of   Direction of Travel:  
N S E WInvestigating Trooper: GLOWACKI # 1430Date: 9-28-05Time: 1732No. & Type of Veh's Involved: CAR  
(Passenger Car, Truck, Bus, Etc.)Related Information: PEDESTRIAN  
(Pedestrian, Pole, Bridge Abutment, Etc.)Town / City: FAIRFIELDLocation of Accident: I-95 E/B between 24 off/onUtility Pole Name & Number (If Applicable):   Other (Specify):   Oper #1: F. FINOCCHIAO, GREGORY M 80Y #1Oper #2: PECKHAM, CHRISTOPHERDOB: 7-3-71 Gender: ☒ M ☐ FDOB: 2-15-78 Gender: ☒ M ☐ FAddress: 888 Main StAddress: 13620 Wildflower LaneTown: S. Glastonberry State: CT Zip: 06703Town: Clifton State: VA Zip: 20124Oper. Lic. #    Type:    State:   Oper. Lic. # A62495793 Type:    State: VAOwner #1:   Owner #2: SAMEAddress:   Address: SAMERegistration Plate:    State:   Registration Plate: JLW1322 State: VAMake:    Model:    Year:   Make: Acura Model: TL Year: 04VIN:   VIN: 19UUA65514A031961Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company:   Insurance Company: MetlifeInsurance Policy #:   Insurance Policy #: A2822982130Injuries:   Injuries: InternalVehicle Damage:   Vehicle Damage: Entire VehicleVehicle Towed: ☐ No ☐ Yes,   Vehicle Towed: ☐ No ☒ Yes, CT Towing NorthOccupant(s): [Name / DOB / Address / Position in Veh]Occupant(s): [Name / DOB / Address / Position in Veh]Oper #3:   Oper #4:   DOB:    Gender: ☐ M ☐ FDOB:    Gender: ☐ M ☐ FAddress:   Address:   Town:    State:    Zip:   Town:    State:    Zip:   Oper. Lic. #    Type:    State:   Oper. Lic. #    Type:    State:   Owner #3:   Owner #4:   Address:   Address:   Registration Plate:    State:   Registration Plate:    State:   Make:    Model:    Year:   Make:    Model:    Year:   VIN:   VIN:   Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company:   Insurance Company:   Insurance Policy #:   Insurance Policy #:   Injuries:   Injuries:   Vehicle Damage:   Vehicle Damage:   Vehicle Towed: ☐ No ☐ Yes,   Vehicle Towed: ☐ No ☐ Yes,   Occupant(s): [Name / DOB / Address / Position in Veh]Occupant(s): [Name / DOB / Address / Position in Veh]

**Brief Description of Accident**

Vehicle 1 entered the construction zone and struck a construction worker working on a machine. The construction worker was struck by vehicle 1 and thrown on top of the median jersey barrier. Vehicle 1 then struck the stationary construction vehicle and was pinned underneath the upper conveyer. The pedestrian was transported to St. Vincents Medical Center with life threatening injuries. Operator 1 was transported to St. Vincents Medical Center with serious injuries.

This investigation is: ☒ Open / Continuing ☐ Closed

**MEDICAL ATTENTION:**#1 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#2 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#3 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#4 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

**FATALITIES: Do Not Release Unless Next of Kin Notified**

Name: \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No

Name: \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No

Name: \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No

Name: \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No**ENFORCEMENT ACTION:**

Arrested: \_\_\_\_\_

Warned: \_\_\_\_\_

Arrested: \_\_\_\_\_

Warned: \_\_\_\_\_

Supervisor's Approval Required: Signature \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_